


MITCHELL D. GLINER, ESQ.
Nevada Bar #003419
3017 West Charleston Blvd., #95
Las Vegas, Nevada 89102
(702) 870-8700
(702) 870-0034 Fax
Attorney for Plaintiff

FILED ENTERED	RECEIVED SERVED ON
COUNSEL/PARTIES OF RECORD	
MAY 27 2004	
CLERK US DISTRICT COURT DISTRICT OF NEVADA	
BY: 	DEPUTY

UNITED STATES DISTRICT COURT
DISTRICT OF NEVADA

DARREN J. COBB,

Plaintiff:

CV-S-04-0736-KJD-PAL

vs.

STANISLAUS CREDIT CONTROL
SERVICE, INC.,

Defendant.)

JURY DEMAND

JURY DEMANDED

COMPLAINT

JURISDICTION

1. The jurisdiction of this Court attains pursuant to the FDCPA, 15 U.S.C. § 1692k(d), 28 U.S.C. § 1331, 28 U.S.C. § 1332, and the doctrine of supplemental jurisdiction. Venue lies in the Southern Division of the Judicial District of Nevada as Plaintiff's claims arose from acts of the Defendant(s) perpetrated therein.

PRELIMINARY STATEMENT

2. This action is instituted in accordance with and to remedy Defendant's violations of the Federal Fair Debt Collection Practices Act, 15 U.S.C § 1692 et seq. (hereinafter "FDCPA"), and of related state law obligations brought as supplemental claims hereto.

3. In 2004, Defendant initiated a campaign of abusive, unfair, unreasonable, and unlawful debt collection activity directed against Plaintiff.

LAW OFFICES
MITCHELL D. GLINER
3017 W. Charleston Blvd.
Suite 95
Las Vegas, Nevada 89102
(702) 870-8700

1 4. As a result of these and other violations of law,
2 Plaintiff seeks hereby to recover actual and statutory damages
3 together with reasonable attorney's fees and costs.

4 PARTIES

5 5. Plaintiff, Darren J. Cobb, is a natural person and is a
6 "consumer" as defined by 15 U.S.C. Section 1692a(3) and allegedly
7 owes a "debt" as defined by 15 U.S.C. Section 1692a(5).

8 6. Defendant, Stanislaus Credit Control Service, Inc., is a
9 foreign corporation, the principal purpose of whose business is the
10 collection of debts, operating a debt collection agency from its
11 principal place of business in Modesto, California, and regularly
12 collects or attempts to collect debts owed or due or asserted to be
13 owed or due another, and is a "debt collector" as defined by 15
14 U.S.C. Section 1692a(6).

15 FACTUAL ALLEGATIONS

16 7. Plaintiff(s) repeat, reallege and assert all factual
17 allegations contained in the preliminary statement to this
18 Complaint and reassert them as incorporated in full herein.

19 8. Plaintiff is a Regional Sales Director for CompUSA.

20 9. Plaintiff lives in both Nevada and California.

21 10. During May 2003 Plaintiff was treated at Sutter Roseville
22 Medical Center.

23 11. Plaintiff's entire medical treatment was covered by
24 health insurance.

25 12. The December 29, 2003 EOB provided by Great West reflects
26 that Plaintiff is not liable for any amount over the plan's
27 negotiated rate (Exhibit 1).

1 13. On March 7, 2004 Plaintiff disputed the \$211.00 sought by
2 California Emergency Physicians (Exhibit 2).

3 14. Notwithstanding, California Emergency Physicians assigned
4 Plaintiff's account to Defendant.

5 15. Plaintiff then disputed the debt with Defendant pursuant
6 to FDCPA § 1692g (Exhibit 3).

7 16. Exhibit 3 contains Defendant's April 9, 2004 dun to
8 Plaintiff.

9 17. Plaintiff's dispute was received by Defendant on April
10 14, 2004 (Exhibit 3).

11 18. Multiple calls between Plaintiff and Defendant wherein
12 Plaintiff again disputed Defendant's account were initiated both in
13 California and Nevada.

14 19. Defendant did not validate Plaintiff's account, but
15 rather, again dunned Plaintiff on May 10, 2004 in violation of
16 FDCPA §§ 1692c(c) and 1692g(b) (Exhibit 4).

17 20. The foregoing acts and omissions of Defendant were
18 undertaken by it willfully, maliciously, and intentionally,
19 knowingly, and/or in gross or reckless disregard of the rights of
20 Plaintiff.

21 21. Indeed, the foregoing acts and omissions of Defendant
22 were undertaken by it indiscriminately and persistently, as part of
23 its regular and routine debt collection efforts, and without regard
24 to or consideration of the identity or rights of Plaintiff.

25 22. As a proximate result of the foregoing acts and omissions
26 of Defendant, Plaintiff has suffered actual damages and injury,
27 including, but not limited to, stress, humiliation, mental anguish
28

LAW OFFICES
MITCHELL D. GLINER
3017 W. Charleston Blvd.
Suite 95
Las Vegas, Nevada 89102
(702) 870-8700

1 and suffering, and emotional distress, for which Plaintiff should
2 be compensated in an amount to be proven at trial.

3 23. As a result of the foregoing acts and omissions of
4 Defendant, and in order to punish Defendant for its outrageous and
5 malicious conduct, as well as to deter it from committing similar
6 acts in the future as part of its debt collection efforts,
7 Plaintiff is entitled to recover punitive damages in an amount to
8 be proven at trial.

9 CAUSES OF ACTION

10 COUNT I

11 24. The foregoing acts and omissions of Defendant constitute
12 violations of the FDCPA, including, but not limited to, Sections
13 1692c, 1692d, 1692e, 1692f and 1692g.

14 25. Plaintiff is entitled to recover statutory damages,
15 actual damages, reasonable attorney's fees, and costs.

16 COUNT II

17 27. The foregoing acts and omissions constitute unreasonable
18 debt collection practices in violation of the doctrine of Invasion
19 of Privacy. *Kuhn v. Account Control Technology, Inc.*, 865 F. Supp.
20 1443, 1448-49 (D. Nev. 1994); *Pittman v. J. J. Mac Intyre Co. of*
21 *Nevada, Inc.*, 969 F. Supp. 609, 613-14 (D. of Nev. 1997).

22 28. Plaintiff is entitled to recover actual damages as well
23 as punitive damages in an amount to be proven at trial.

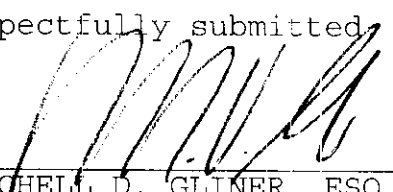
24 JURY DEMAND

25 Plaintiff hereby demands trial by a jury on all issues so
26 triable.

27 WHEREFORE, Plaintiff prays that this Honorable Court grant the
28 following relief:

1. Award actual damages.
2. Award punitive damages.
3. Award statutory damages of \$1,000.00 pursuant to 15 U.S.C. § 1692k.
4. Award reasonable attorney fees.
5. Award costs.
6. Grant such other and further relief as it deems just and proper.

Respectfully submitted,


MITCHELL D. GLINER, ESQ.
Nevada Bar #003419
3017 West Charleston Boulevard
Suite 95
Las Vegas, Nevada 89102
Attorney for Plaintiff

LAW OFFICES
MITCHELL D. GLINER
3017 W. Charleston Blvd.
Suite 95
Las Vegas, Nevada 89102

(702) 870-8700

EXHIBITS

EXPLANATION OF BENEFITS

COMP USA 335
1000 GREAT-WEST DR
KENNETT MO 63857-3749
GREAT-WEST HEALTHCARE
PARTICIPANT: DARREN COBB
REL CD: EE PATIENT: DARREN COBB

MAIL 4 00 BIN: 070046
EXAMINER NO: 194533
PLAN NO: 007086-200-001
PATIENT NO: E270001367
CLAIM NO: 03352006703

DARREN COBB
572 STRIPED MOSS STREET
ROSEVILLE CA 95678

COMP USA, INC.
MR. RON CLARK
14951 NORTH DALLAS PARKWAY
DALLAS TX 75240

PROVIDER NAME / DATES OF SERVICE / TYPE OF SERVICE	SUBMITTED CHARGES	LESS PROV. DISCOUNT OR INELIGIBLE CHARGE	SEE NOTE **	LESS COPAY/ ENCOUNTER FEE	LESS DEDUCTIBLE	REMAINING CHARGES	% PLAN PAYS	BENEFIT PAYABLE
--	----------------------	---	-------------------	------------------------------------	--------------------	----------------------	-------------------	--------------------

ROBERT P ROYER MD

05/16/03

OFFICE SERVICE(S)	420.00	160.00	LJ			260.00	100	260.00
LABORATORY	42.00	24.00	LJ			18.00	100	18.00
X-RAY	27.00	27.00	XF			.00	0	.00

TOTALS	489.00	211.00				278.00		278.00
--------	--------	--------	--	--	--	--------	--	--------

-----CHECKS ISSUED----- TOTAL BENEFIT PAYMENT ISSUED 278.00

CHECK NO	AMOUNT	PAYEE
0001285268	278.00	CA EMER PHYS ROSEVILLE

THE PATIENT HAS USED \$22261.82 OF THE \$1000000.00 LIFETIME MAXIMUM
THE PATIENT HAS MET \$.00 OF THE 2003 \$200.00 MEDICAL DEDUCTIBLE UNDER PPO PLAN

** NOTE: LJ--PATIENT NOT LIABLE FOR DENIED AMOUNT OVER PHCS NEGOTIATED RATE.
XF--NOT COVERED EXPENSE AT SAME VISIT. NETWORK PROVIDER DO NOT BILL MEMBER**

If NOTE requests information, return it with this form to the address in upper left corner within 45 days from this EOB receipt or consider claim denied. If info is returned timely, we'll process the claim in 15 days. If note above ends in *** see paragraph B on reverse side of this EOB. See paragraph A on reverse side of this EOB for ERISA rights.

For claim information please call the Benefit Information number on your ID Card and use the Automated Voice Response feature.

EXHIBIT 1

SEE REVERSE SIDE

March 7, 2004

Account # 000136728

CERTIFIED MAIL

CA Emergency Phys * Roseville
1601 Cummins Drive. , STE. D-27
Modesto, Ca 95358-6403

Office Manager

Dear CA Emergency Phys * Roseville:

ALLEGED PAST DUE INVOICE

I am in receipt of your final notice dated March 1, 2004 demanding payment for an allegedly past due invoice pertaining to the account number referenced above. As I have contacted your office on two previous occasions via telephone disputing these charges, your final letter marked in red and threatening to jeopardize my credit rating has required me to document my dispute in writing.

On or about May 16, 2003 I was treated at Sutter Roseville Medical Center, Charges exceeding \$ 9,000.00 were submitted to Great West insurance and based on eligible benefits less ineligible charges a payment was approved for \$ 7,622.25. Your office submitted a separate invoice requesting payment in the amount of \$ 489.00 for office service, laboratory and X-Ray fees. Great West approved payment for \$ 278.00 advising the remaining charges of \$ 211.00 were ineligible based on previous negotiated rates and what appeared to be duplicate X-Ray charges. The explanation of benefits form provided by Great West clearly states "Patient not liable for denied amount over PHCS negotiated rates, and the X-Ray (XF) not covered expense at the same visit. Network provider do not bill member."

Should your office compromise my creditworthiness by the acts, obduracy and general indifference or should you deliberately or negligently provide inaccurate credit information to any consumer reporting agency I will bring action for damages based on violations of the fair credit reporting act, U.S.C 1681 et seq., Commonly referred to as ("FCRA")

Respectfully,



Darren Cobb

cc: Ron Clark

CompUSA Benefits manager
14951 North Dallas Parkway
Dallas Texas 75240

Great-West Life & Annuity Insurance Company
1000 Great-West Drive
Kennett Mo 63857-3749



U.S. Postal Service™ Delivery Confirmation™ Receipt

Postage and Delivery Confirmation fees must be paid before mailing.

Article Sent To: (to be completed by mailer)

CA EMERGENCY PHYS. Rosville
1601 CUMMINS DRIVE STE D-27
MODESTO CA 95358-6405

DELIVERY CONFIRMATION NUMBER:
0106 8122 0000 0942 EDED
2718 3010



0000009736

POSTAL CUSTOMER:

Keep this receipt. For inquiries:

Access internet web site at

www.usps.com

or call 1-800-222-1811

707-800-8000

CHECK ONE (POSTAL USE ONLY)

☒ Priority Mail™ Service

☐ First-Class Mail® parcel

☐ Package Services parcel

PS Form 152, May 2002

(See Reverse)

April 12, 2004

CERTIFIED MAIL

Reference # 00013672801

CA Emergency Phys * Roseville / Stanislaus credit control services, Inc
914 14th Street
Modesto, Ca 95353

Dear Stanislaus Credit control services

ALLEGED PAST DUE INVOICE

I am in receipt of your collection notice dated April 9, 2004 demanding payment for an allegedly past due invoice pertaining to the account number referenced above. As I have contacted your client on two previous occasions via telephone and have sent the required written response disputing these charges, your letter threatening to jeopardize my credit rating has required me to again document my dispute.

On or about May 16, 2003 I was treated at Sutter Roseville Medical Center, Charges exceeding \$ 9,000.00 were submitted to Great West insurance and based on eligible benefits less ineligible charges a payment was approved for \$ 7,622.25. Your office submitted a separate invoice requesting payment in the amount of \$ 489.00 for office service, laboratory and X-Ray fees. Great West approved payment for \$ 278.00 advising the remaining charges of \$ 211.00 were ineligible based on previous negotiated rates and what appeared to be duplicate X-Ray charges. The explanation of benefits form provided by Great West clearly states "Patient not liable for denied amount over PHCS negotiated rates, and the X-Ray (XF) not covered expense at the same visit. Network provider do not bill member."

On March 17, 2004 your client was again advised by Great West Insurance the amount request was not the responsibility of the member based on previously negotiated rates. A copy of this decision and my originally letter have been attached for your review.

Should your office compromise my creditworthiness by the acts, obduracy and general indifference or should you deliberately or negligently provide inaccurate credit information to any consumer reporting agency I will bring action for damages based on violations of the fair credit reporting act, U.S.C 1681 et seq., Commonly referred to as ("FCRA")

Respectfully,



Darren Cobb
cc: Sutter Medical Group Administration
2800 L Street
Sacramento Ca, 95816

Great-West Life & Annuity Insurance Company
1000 Great-West Drive
Kennett Mo 63857-3749

572 STRIPED MOSS STREET
ROSEVILLE CA, 95678-6026

EXHIBIT 3

THIS HAS BEEN SENT BY A COLLECTION AGENCY AND IS AN ATTEMPT TO COLLECT A DEBT,
AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

914 14th Street
Post Office Box 480
Modesto, CA 95353

SINCE **SCCS** 1955
STANISLAUS CREDIT
CONTROL SERVICE, INC

(209) 523-1813
1(800) 838-7227
Fax:(209)524-4107

94840736-1
DARREN J COBB
572 STIPED MOSS SR
ROSEVILLE, CA 95678

REFERENCE NUMBER: 00013672801
BALANCE: \$211.00

RE: CALIF EMERGENCY PHYSICIANS
800-340-1309

April 9, 2004

ACCOUNT REFERRAL

THE ABOVE CLAIM AGAINST YOU HAS BEEN REFERRED
TO THIS OFFICE FOR COLLECTION.

CALIF EMERGENCY PHYSICIANS HAS ASKED THAT WE CONTACT YOU REGARDING
THIS ACCOUNT. PLEASE PAY ANY UNDISPUTED PORTION,
AND EXERCISE YOUR RIGHTS DESCRIBED BELOW IF YOU BELIEVE
YOU DO NOT OWE THIS SUM. A RESPONSE FROM YOU MAY
PRESERVE YOUR CREDIT STANDING AND AVOID THE
INCONVENIENCE THAT NORMAL COLLECTION PROCEDURES
REQUIRE. PLEASE SEND YOUR PAYMENT DIRECTLY TO
CALIF EMERGENCY PHYSICIANS, OR CONTACT THEM AT 800-340-1309.

YOUR CREDIT REPUTATION IS VALUABLE.

UNLESS YOU NOTIFY THIS OFFICE WITHIN 30 DAYS AFTER RECEIVING THIS NOTICE THAT YOU
DISPUTE THE VALIDITY OF THE DEBT OR ANY PORTION THEREOF, THIS OFFICE WILL ASSUME
THIS DEBT IS VALID. IF YOU NOTIFY THIS OFFICE IN WRITING WITHIN 30 DAYS FROM
RECEIVING THIS NOTICE, THIS OFFICE WILL OBTAIN VERIFICATION OF THE DEBT OR OBTAIN A
COPY OF A JUDGEMENT AND MAIL YOU A COPY OF SUCH JUDGEMENT OR VERIFICATION. IF YOU
REQUEST THIS OFFICE IN WRITING WITHIN 30 DAYS AFTER RECEIVING THIS NOTICE, THIS
OFFICE WILL PROVIDE YOU WITH THE NAME AND ADDRESS OF THE ORIGINAL CREDITOR, IF
DIFFERENT FROM THE CURRENT CREDITOR.

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

94840736-1
DARREN J COBB
572 STIPED MOSS SR
ROSEVILLE, CA 95678

REFERENCE NUMBER: 00013672801
BALANCE: \$211.00

RE: CALIF EMERGENCY PHYSICIANS
SUTTER ROSEVILLE MED CTR
1601 CUMMINS DR
MODESTO, CA 95358

April 9, 2004

AS REQUIRED BY LAW, YOU ARE HEREBY NOTIFIED THAT A NEGATIVE CREDIT REPORT REFLECTING
ON YOUR CREDIT RECORD MAY BE SUBMITTED TO A CREDIT REPORTING AGENCY IF YOU FAIL TO
FULFILL THE TERMS OF YOUR CREDIT OBLIGATIONS. BUT WE WILL NOT SUBMIT A NEGATIVE
CREDIT REPORT TO A CREDIT REPORTING AGENCY ABOUT THIS CREDIT OBLIGATION UNTIL THE
EXPIRATION OF THE TIME PERIOD LISTED ABOVE.

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

7004 0550 0001 2503 6750

Postage	\$ 0.60
Certified Fee	\$2.30
Return Receipt Fee (Endorsement Required)	\$1.75
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 4.65

0478 08-3
 Postmark Here
 APR 13 2004
 ROSEVILLE CA 95740

Sent To **STANISLAS Credit Control**
 Street, Apt. No. or PO Box No. **914 14TH ST**
 City, State, Zip **Modesto CA 95353**

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
STANISLAS Credit Control
914 14TH ST
Modesto CA 95353

2. Article Number
 (Transfer from service)

PS Form 3811, August

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Sharon Grisdick ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
APR 14 2004

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7004 0550 0001 2503 6750
 Domestic Return Receipt

102595-02-M-1540

THIS HAS BEEN SENT BY A COLLECTION AGENCY AND IS AN ATTEMPT TO COLLECT A DEBT,
AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

914 14th Street
Post Office Box 480
Modesto, CA 95353

SINCE **SCCS** 1955
STANISLAUS CREDIT
CONTROL SERVICE, INC

(209) 523-1813
1(800) 838-7227
Fax:(209)524-4107

94840736-1
DARREN J COBB
572 STIPED MOSS SR
ROSEVILLE, CA 95678

ASSIGNED AMOUNT: \$211.00
INTEREST: \$0.06
BALANCE: \$211.06

RE: CALIF EMERGENCY PHYSICIANS

May 10, 2004

JUST A REMINDER

WE WOULD LIKE TO HEAR FROM YOU
TO RESOLVE ANY DISPUTES, OR TO CLEAR
ANY UNDISPUTED PORTION OF THIS ACCOUNT.

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

DARREN J COBB
572 STIPED MOSS SR
ROSEVILLE, CA 95678

ACCOUNT NUMBER: 94840736-1
ASSIGNED AMOUNT: \$211.00
INTEREST: \$0.06
BALANCE: \$211.06

RE: CEP275 CALIF EMERGENCY PHYSICIANS

May 10, 2004

EXHIBIT 4